

NEVADA GAMING COMMISSION  
 ANNUAL LICENSE FEE REPORT  
 for the issuance or renewal of an

**OPERATOR OF AN INTER-CASINO LINKED SYSTEM LICENSE**

This report, with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed PRIOR to the commencement of operations; and ON or BEFORE December 31 for the ensuing calendar year.

For Calendar Year: \_\_\_\_\_

Filing Deadline: \_\_\_\_\_

For Office Use Only

Account Number:	_____	Check Number	_____
Legal Name:	_____	Batch Number	_____
Trade Name:	_____	Entry Date	_____
Address:	_____		
City, State, Zip:	_____		
Please correct if in error			

**Instructions**

- A. This form is for the use of an OPERATOR of an INTER-CASINO LINKED SYSTEM only (NRS 463.3855).
- B. All licenses shall be issued for the calendar year beginning January 1 (and expiring December 31), and regardless of the date of application or date of issuance of the license, the fees to be charged and collected under the provisions of NRS 463.3855 shall be those fees fixed as an annual license fee for an operator of an inter-casino linked system.
- C. For the issuance or renewal of an operator of an inter-casino linked system license the Nevada Gaming Commission shall charge and collect from each applicant -- \$500.

If you have any questions, please contact the Nevada Gaming Control Board, Tax and License Division.

Line 1.	Application for the issuance or renewal of an Operator of an Inter-Casino Linked System License (\$500)	\$ _____
Line 2.	Penalty for late payment (\$125) NRS 463.270 (5)	_____
Line 3.	<b>TOTAL AMOUNT DUE</b> [Total of lines 1 and 2]	<b>\$ _____</b>

Effective November 1, 2016, pursuant to Nevada Gaming Commission Regulation 6.030, all Nevada Gaming licensees must report and pay their gaming taxes and fees, and all reports relating thereto, pursuant to an electronic transfer approved by the Nevada Gaming Control Board.

I, \_\_\_\_\_ certify and declare under the penalties of perjury that I am the \_\_\_\_\_ of the business named above; that this is a true, correct and complete report (Owner, Partner, President, Treasurer, Other-describe) to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Person to contact regarding this report: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS**